MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06547

6552

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 9yrs.10mo.9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 01-02-2
STREET ADDRESS (If rural give location) 209 Hay ✓

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) T. (Last) ADAMS
4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-4-1891	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman
10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Frank Adams
14. MOTHER'S MAIDEN NAME: Laura Jane Roye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 025 X	(A) Cerebral hemorrhage	Approx. 1 week
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Chronic brain syndrome associated with	
	DUE TO (C) CNS syphilis (meningo-encephalitic type	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3, 1945, to 7-12, 1955 [illegible] and that death occurred at 1:40 AM, from the causes and on the date stated above.
SIGNATURE: W. OPPLER Chief, Professional Services M. D. ADDRESS: VAH, Perry Point, Md. DATE SIGNED: 7-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-12-55	Mt. Tabor	Spring Gap, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-12-55	Irene E. Dougherty	Lee A. Patterson & Son	Lee A. Patterson & Son, Perryville, Md.

RECEIVED
JUL 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06548

6553

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:
COUNTY Cecil. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) (Last) Biggs

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married. 8. DATE OF BIRTH: March 22 1896 9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman. 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Eng. Dept.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Biggs

14. MOTHER'S MAIDEN NAME: Laura Bone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 169-20-1478

17. INFORMANT & ADDRESS: Mrs Gladys B. Biggs Chesapeake

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1

(A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic cardiovascular disease — 7 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1955, to July 26, 1955, that I last saw the deceased alive on July 24, 1955, and that death occurred at 1:00 AM, from the causes and on the date stated above.

SIGNATURE Ellen Davis M. D. ADDRESS Chesapeake City Md DATE SIGNED July 26 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 28/55 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Near Chesapeake City (State) Md

DATE REC'D BY LOCAL REGISTRAR July 27-1955 REGISTRAR'S SIGNATURE Mrs Ralph H. Bell

24. FUNERAL DIRECTOR Ferguson Funeral Home ADDRESS Elkton

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 29 1955
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown R.D. 1 Apr. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Charlestown Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) HOWARD (Middle) FRANKLIN (Last) BRICKLEY (Type or Print)
4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M.	White	Married	3-25-1893	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter Maker. Retired U.S. Govt		Rising Sun Md.	U.S.A.

13. FATHER'S NAME: James Franklin Brickley
14. MOTHER'S MAIDEN NAME: Margaret Armour.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No WWI #I	221-07-2456	Mrs. Howard F. Brickley, Charlestown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDodson. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-14-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-14-55	Ebenezer Methodist	Rising Sun R.D. Cecil Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-14-55	Sarah E. Rothermel	Joseph R. Plant North East Md

RECEIVED
MAY 18 1955
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 97

1. PLACE OF DEATH:
COUNTY Cecil Bainbridge, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Suffolk
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Revere
STREET ADDRESS (If rural, give location) 53 Central Avenue

3. NAME OF DECEASED: (First) William (Middle) Edward (Last) Byrne
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2 May 1930
9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): US NAVY
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Bronx, New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Byrne
14. MOTHER'S MAIDEN NAME: (Maiden name not available) Millie M. Byrne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1947 - 1950, 1951 - 1955
16. SOCIAL SECURITY NO.: -----
17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 816X (a) Fracture Simple Cervical 6 & 7 Spines with DUE TO Paraplegia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c) Lacerated Trachea and Esophagus

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway
21c. (City or town) (County) (State) Route 222 near Port Deposit Cecil Co. Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 19 55 11:
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto hit truck pulling house trailer

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 7-25-55
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) Revere Middlesex (State) Mass.
DATE REC'D BY LOCAL REG. 7-25-55
REGISTRAR'S SIGNATURE Dorothy B. Brandt
24. FUNERAL DIRECTOR Lee A. Patterson & Son, Rockville Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06551

6556

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Calvert
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Graybeal Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) E. (Last) Campbell
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	2-18-1865	90 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Own Store
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Campbell
14. MOTHER'S MAIDEN NAME: Anna Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary McCarthy, Perryville, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Myocarditis -	10 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis -	15 yrs
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9 1950 to 7-13-, 1955 that I last saw the deceased alive on 7-13-, 1955, and that death occurred at 4:45 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) E. H. Bynon M.D. ADDRESS Port Deposit Md. DATE SIGNED 7-16-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-17-1955	Asbury	Port Deposit Md. Rural

DATE REC'D BY LOCAL REGISTRAR 7-16-1955
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR ADDRESS Wm. A. Patterson & Son, Perryville Md.

RECEIVED
JUL 19 1955
BUREAU V. M.

6557 06552

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Colora Rural LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Pine Ranch.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) LINCOLN (Middle) FORD (Last) CAMPBELL
4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-12-1923
9. AGE last birthday: 32 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cowboy
10b. KIND OF BUSINESS OR INDUSTRY: Ranching
11. BIRTHPLACE (State or foreign country): Lansing MC
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Arthur Campbell.
14. MOTHER'S MAIDEN NAME: Ella MacOsborn.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWII.
16. SOCIAL SECURITY NO. 190-16-8572
17. INFORMANT & ADDRESS: Ed. Campbell. Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Drowned.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c)		

9278

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, office bldg., etc.) OF INJURY: Creek.
22c. (City or town): Porters Bridge (County): Cecil (State): Md.
21d. TIME OF INJURY (Month) 7 (Day) 2 (Year) 55 (Hour) 6:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell in Colora Creek.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 5 1955
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) Jefferson.
(State) MC.

DATE REC'D BY LOCAL REG. July 3-55
REGISTRAR'S SIGNATURE Z M Worthington
24. FUNERAL DIRECTOR J. Earl Tyson
ADDRESS Rising Sun

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06553

6558

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Perry Point, Md.
LENGTH OF STAY (in this place): 26yrs.7mo.28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 3 Y 2 ! 4
STREET ADDRESS (If rural give location): 22 N. Pulaski

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) C. (Last) CARROLL

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1955

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH. 9-24-03 — 9. AGE last birthday 51 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad Yard — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert G. Carroll - Deceased — 14. MOTHER'S MAIDEN NAME: Zinnery Pickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Peacetime — 16. SOCIAL SECURITY NO. Unknown — 17. INFORMANT & ADDRESS. Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2. 7X

IMMEDIATE CAUSE (A) Starvation, inanition — Approx.2 mo.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Multiple decubitus ulcers — Approx. 6 months

DUE TO

(C) Chronic brain syndrome associated with convulsive disorder — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8 , 19 28 to 7-6 , 19 55, ~~what I last saw the deceased alive~~ and that death occurred at 12:05a M, from the causes and on the date stated above.

SIGNATURE W. Oppler — ADDRESS — DATE SIGNED

W. OPPLER, Chief, Professional Services M.D — V.A.Hospital, Perry Point, Md. — 7-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-6-55 — NAME OF CEMETERY OR CREMATORY ~~Baltimore National~~ Poplar Grove — LOCATION (City, town, or county) (State) Harford Co. Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7-6-55 — REGISTRAR'S SIGNATURE Irene E. Haughey

24. FUNERAL DIRECTOR A. Howard Evans — ADDRESS A.Howard Evans, 1400 S.Charles, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6542

CERTIFICATE OF DEATH

0655 4

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 North St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 200 North St.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Dunbar (Last) Cawley

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 1, 1869

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William C. Dunbar

14. MOTHER'S MAIDEN NAME: Sophia Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Eleanor Lewis Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy & Coma	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	5 yrs +
	(c) Arteriosclerosis	10 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 July, 1955, to 7 July, 1955, that I last saw the deceased alive on 6 July, 1955, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE: George Dunbar, Jr (Degree or title) ADDRESS: Elkton, Md DATE SIGNED: 8 July 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/11/1955
NAME OF CEMETERY OR CREMATORY: Elkton Cemetery
LOCATION (City, town, or county) (State): Elkton, Md

DATE REC'D BY LOCAL REG.: July 9
REGISTRAR'S SIGNATURE: H Frazier
24. FUNERAL DIRECTOR: Pippin Funeral Home ADDRESS: Elkton Md.
W. A. Lusby

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Items 6 & 7 Film G-53-7/20/55L 6559

06555

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.J. COUNTY Camden
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gloucester 67X-3
STREET ADDRESS (If rural, give location) 130 Ellis St 1

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) LAVINIA (Last) CROSSET
4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1955

5. SEX F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: (Month) Aug (Day) 9 (Year) 1905 | 9. AGE last birthday: 45 46 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Camden. N.J. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Chattin | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Roy Crosset, 130 Ellis St Gloucester N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeRodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-18-1955 | NAME OF CEMETERY OR CREMATORY Evergreen Cem. | LOCATION (City, town, or county) Camden, N.J. (State)

DATE REC'D BY LOCAL REG. 7-15-1955 | REGISTRAR'S SIGNATURE Irene E. Dougherty | 24. FUNERAL DIRECTOR Lee A. Catterson & Son ADDRESS Perryville, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5543

06556

CERTIFICATE OF DEATH

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) 127 Bow St.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) E. (Last) Delbert

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8/25/1883

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry L Dayett

14. MOTHER'S MAIDEN NAME: Clotilda Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Clotilda DeWeese Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Parkinsons Disease	3 yrs
	(c) Arteriosclerosis	5 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & apoplexy — 5

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 June, 1955, to 4 July, 1955, that I last saw the deceased alive on 4 July, 1955, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE: George [illegible] (Degree or title) M D ADDRESS Elkton Md DATE SIGNED 5 July 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/7/55

NAME OF CEMETERY OR CREMATORY: Elkton Cemetery

LOCATION (City, town, or county) (State): Elkton, Md

DATE REC'D BY LOCAL REG. July 7

REGISTRAR'S SIGNATURE: J R Frazer

24. FUNERAL DIRECTOR: Pepper Funeral Home ADDRESS Elkton, Md

By D. Pepper

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6560

CERTIFICATE OF DEATH

Reg. Dist. No. 96 — 06557

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY CECIL MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X PERRY POINT; LENGTH OF STAY (in this place) 10 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 47X 2; STREET ADDRESS (If rural give location) 1237 South Capitol Street, S.W.

3. NAME OF DECEASED: (Type or Print) (First) STILL (Middle) None (Last) DORSEY, SR.

4. DATE OF DEATH: (Month) JULY (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 3, 1896

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GEORGIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HAMP DORSEY

14. MOTHER'S MAIDEN NAME: LIZZY HAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 359 03 5459

17. INFORMANT & ADDRESS: Hospital Records, V.A.H., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

23/X

IMMEDIATE CAUSE (A) Hemorrhage, subdural, right side — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1955, to July 1, 1955, that I last saw the deceased alive on ~~June 30, 1955~~, and that death occurred at 12:15PM, from the causes and on the date stated above.

SIGNATURE E. S. Ellis M.D. ADDRESS Actg. Chief, Professional Services, V.A.H., Perry Point, Md. DATE SIGNED 7-2-55

E. S. ELLIS, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-2-55 — NAME OF CEMETERY OR CREMATORY Arlington Nat'l., Ft. Myer, Virginia. — LOCATION (City, town, or county) (State) 614-4th St., S.W., Washington D.C.

DATE REC'D BY LOCAL REGISTRAR July 2-1955 — REGISTRAR'S SIGNATURE Irene E. Haughey

24. FUNERAL DIRECTOR [illegible] — ADDRESS 614-4th St. S.W. Washington D.C.

6544

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural give location) R.F.D. # 3

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) P. (Last) DUNN

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12, 1875

9. AGE last birthday: 80 yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm Work

11. BIRTHPLACE (State or foreign country): Massey Maryland,

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Dunn

14. MOTHER'S MAIDEN NAME: Nowland (Brigid)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mary D. Dunn Childs, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E41 IMMEDIATE CAUSE (A) Gastro Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Gastric Ulcer (Co Malignant) — 20 yrs

(C) Ascending G.U. Infection — 18 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Contributions — 10 yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to July, 1955, that I last saw the deceased alive on 28 July, 1955, and that death occurred at 2.45 P M, from the causes and on the date stated above.

SIGNATURE George Klucis, Jr. M. D. ADDRESS Elkton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Aug. 1, 1955

NAME OF CEMETERY OR CREMATORY: Catholic Cemetery

LOCATION (City, town, or county) (State): Elkton. Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 1

REGISTRAR'S SIGNATURE: J R Frazer

24. FUNERAL DIRECTOR: Pippin Funeral Home

ADDRESS: Elkton Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG — 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06559

6561

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bainbridge; MARYLAND LENGTH OF STAY (in this place) 2 wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston 05 X-2; STREET ADDRESS (If rural give location) Rt. #2, Box #218

3. NAME OF DECEASED: (Type or Print) (First) BETTY (Middle) LOU (Last) FARMER

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: January 1, 1937

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harlan (n) Brown

14. MOTHER'S MAIDEN NAME: Eva Sheppard

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. ------

17. INFORMANT & ADDRESS: Husband Date FARMER PFC, Camp Lejeune, North Carolina

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 002X (A) Miliary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Approx. 3 mo

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition, extreme — 3 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 July, 1955 to 30 July 1955, that I last saw the deceased alive on 30 July, 1955., and that death occurred at 0105A.M, from the causes and on the date stated above.

SIGNATURE Sam H. Fox — ADDRESS M D USNH, Bainbridge, Md. — DATE SIGNED 7-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 2, 1955 — NAME OF CEMETERY OR CREMATORY Seaford Cemetery — LOCATION (City, town, or county) (State) Seaford, Delaware

DATE REC'D BY LOCAL REGISTRAR 8/1/55 — REGISTRAR'S SIGNATURE Dorothy B. Bramble

24. FUNERAL DIRECTOR J. J. Trampton Jr — ADDRESS Federalsburg Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07647

6562

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Perryville
LENGTH OF STAY (in this place) 7yrs3mos24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Berkshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Adams
STREET ADDRESS (If rural give location) 103 Main Street, Apt. 515

3. NAME OF DECEASED: (Type or Print) (First) GERALD (Middle) B. (Last) FITZGERALD

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1886

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 4/28/14 to 5/12/16

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Bronchopneumonia, following operation — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Adenocarcinoma, sigmoid, colon — DUE TO — Unknown

(C) Arteriosclerosis, generalized, severe — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 25, 1955

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, sigmoid, colon

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I/VA attended the deceased from Apr. 6, 1948, to July 30, 1955 and that death occurred at 2:45 A.M. from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. ADDRESS Chief, Professional Services DATE SIGNED VAH., Perry Point, Maryland 7-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-30-55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Ft. Myer, Virginia.

DATE REC'D BY LOCAL REGISTRAR August 8, 1955 — REGISTRAR'S SIGNATURE Irene R. Daugherty

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre De Grace, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

VS. A15 — 10 - 53

MARGIN RESERVED FOR BI[illegible]ING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully [illegible]e

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6545

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

1. PLACE OF DEATH:
COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
MARYLAND
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural, give location) 208½ North St.

3. NAME OF DECEASED: (First) Nellie (Middle) Alice (Last) Fuller

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: July 2 1908
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietician
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Fries VA
12. CITIZEN OF WHAT COUNTRY? U S A

13. NAME: John H. Grubb
14. MOTHER'S MAIDEN NAME: Nancy oline Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 292-26-5022
17. INFORMANT & ADDRESS: Nancy oline Grubb

MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 426X	(A) Acute Coronary Thrombosis	1 month
ANTECEDENT CAUSE (S) DUE TO	(B) Essential Hypertension	1 week
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Rheumatic Heart Disease	15 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1955, to 19 July, 1955, that I last saw the deceased alive on 19 July, 1955, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE George J. Kreuz M.D. ADDRESS Elkton Md DATE SIGNED 19 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 24
NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
LOCATION (City, town, or county): Bluefield (State): WVa

DATE REC'D BY LOCAL REGISTRAR: July 21
REGISTRAR'S SIGNATURE: F R Frazer
24. FUNERAL DIRECTOR: N Walter DuBose Jr.
ADDRESS: Elkton Md

Correct age is especially important. Physicians: please write causes of death clearly and legibly.

JUL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06561

6563

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 5 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia
STREET ADDRESS (If rural give location) 4914 N. Marvine

3. NAME OF DECEASED: (Type or Print) (First) LOUISE (Middle) M. (Last) GARDNER

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 5-7-1866

9. AGE last birthday: 89 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10B KIND OF BUSINESS OR INDUSTRY: Registered

11. BIRTHPLACE (State or foreign country): York Springs, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Gardner

14. MOTHER'S MAIDEN NAME: Alice L. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Approx. 2 weeks

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (B) Chronic brain syndrome with progressive starvation-inanition — unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11 , 1955 to 7-12 , 1955, that I last saw the deceased alive on [illegible] and that death occurred at 5:00PM, from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFIER: W. OPPLER, Chief, Professional Services M.D. ADDRESS: V.A. Hospital, Perry Point, Md. DATE SIGNED: 7-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 7-13-55
NAME OF CEMETERY OR CREMATORY: Sunnyside
LOCATION (City, town, or county) (State): York Springs, Pa.

DATE REC'D BY LOCAL REGISTRAR: 7-14-55
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: Havre de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

6546

06562

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 21 Elkton
LENGTH OF STAY (In this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Cecil County Jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.C. COUNTY Jefferson
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Smith post 7 x - 3
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Gentry
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 7-13-1900
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House Builging
11. BIRTHPLACE (State or foreign country): Jefferson, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Gentry
14. MOTHER'S MAIDEN NAME: Georganna Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records. Elkton. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3222

Immediate cause (a) Acute Cardiac Dilatation and Alcholism — Interval between onset and death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM
DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): removal
DATE THEREOF July 19, 1955
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) West Jefferson (State) N.C.

DATE REC'D BY LOCAL REG. July 19
REGISTRAR'S SIGNATURE J R Frazier
24. FUNERAL DIRECTOR H Walter du Bois Jr
ADDRESS Elkton Md.

6564½ 86563

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Perry Point LENGTH OF STAY in this place 1 Yr. 1 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital, Perry Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore Grad. ✓
STREET ADDRESS (If rural, give location) 3824 Park Heights Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) Stitle (Last) Goldberg

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1955

5. SEX: F.M. Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 6-16-06

9. AGE Last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None - unemployed

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hyman Goldberg

14. MOTHER'S MAIDEN NAME: Rose Wendberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Drowned.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River

21c. (City or town) Perry Point (County) Cecil (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 26 55 3:45 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Jumped into River

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. E. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 7-26-55 | NAME OF CEMETERY OR CREMATORY Unknown | LOCATION (City, town, or county) (State) Unknown

DATE REC'D BY LOCAL REG. 7 26 55 | REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR 901 Levinson & Brothers, Baltimore, Md. ADDRESS

1-4-11 Multiple, 13 additional

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06564

6565

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point, LENGTH OF STAY (in this place) 29yrs.1mo.2days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47 x -; STREET ADDRESS (If rural give location) 2300 - 18th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) C. (Last) HENSLEY

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-19-97

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: B. H. Hensley

14. MOTHER'S MAIDEN NAME: Annie Bettie Glick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) C26x

DUE TO (A) Pneumonia, bronchial, bilateral, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 4 to 5 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Syphilis cerebral — unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 6-26, 19 26 to 7-28, 19 55, that I last saw the deceased alive on [illegible], and that death occurred at 9:40 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 7-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal; DATE THEREOF 7-29-55; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 5-1-55; REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR Pennington & Son, ADDRESS Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06565

6566

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH.
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 8yrs.5mo.19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church
STREET ADDRESS (If rural give location) 505 Westcott

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) B. (Last) HIGHT

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-28-1898

9. AGE last birthday: 57 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator (ret.)

10B. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence B. Hight

14. MOTHER'S MAIDEN NAME: Isabelle Broume

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes (If Yes, give war or dates of service) WWI - WWII

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S' DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Encephalomalacia due to arteriosclerosis with hemiplegia,left,hemianopsia,homonymous,left unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 19 52 to 7-20, 19 55 alive on 19 and that death occurred at 8:35P M, from the causes and on the date stated above.

SIGNATURE W. Oppler
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 7-22-55

W. OPPLER, Chief, Professional Services M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7-21-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 7-22-1955
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS Hayre de Grace, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6567

06566

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Colora

LENGTH OF STAY (in this place) 22mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS (a) Home on farm near Colora

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Cecil

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Colora X

STREET ADDRESS (If rural, give location) / Box 51

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) A. (Last) HILLS

4. DATE OF DEATH (Month) July (Day) 12 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): --

8. DATE OF BIRTH: 9-20-53

9. AGE last birthday: 1 yrs

IF UNDER 1 YEAR: Months 10 Days

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Cunningham HILLS

14. MOTHER'S MAIDEN NAME: Shirley Sarah [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --

(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 9 2 9.0 DROWNING, ACCIDENTAL — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes X No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Farm near Colora (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 7 (Day) 12 (Year) 55 (Hour) 1130A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Child wandered away from home and fell into pond

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident X, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. McDaniel M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. X

DATE SIGNED 7-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

DATE THEREOF 7-14-55

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) Everett (State) Mass.

DATE REC'D BY LOCAL REG. 7-13-55

REGISTRAR'S SIGNATURE Dorothy E. Bramble

24. FUNERAL DIRECTOR ADDRESS Patterson & Son, Perryville, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6568

CERTIFICATE OF DEATH

Reg. Dist. No. 06503 86

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Port Deposit
LENGTH OF STAY (in this place): 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Port Deposit X
STREET ADDRESS (If rural give location): S. Main 1

3. NAME OF DECEASED: (Type or Print) (First) Malinda (Middle) Falls (Last) Hohn

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-28- 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Falls

14. MOTHER'S MAIDEN NAME: Mary Dinsmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mary H. Brady, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Breast — Interval Between Onset And Death: 7 Months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) Metastasis neck - Thyroid gland — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 20 1955

19b. MAJOR FINDINGS OF OPERATION Ca Breast. Metastasis Neck & glands

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE: E. A. Patterson (Degree or title) M. D. ADDRESS: Port Deposit, Md. DATE SIGNED: July 28 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-30-1955

NAME OF CEMETERY OR CREMATORY: Hopewell

LOCATION (City, town, or county) (State): Port Deposit, Md, Rural

DATE REC'D BY LOCAL REGISTRAR: 7-28-1955

REGISTRAR'S SIGNATURE: Irene E. Young

24. FUNERAL DIRECTOR ADDRESS: Wm. A. Patterson & Son. Perryville, Md.

6569 — 08568

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH — No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton — LENGTH OF STAY (In this place) 69yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) EARL (Last) HOOVER.

4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1955

5. SEX M. | **6. COLOR OR RACE** White | **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Write) Single | **8. DATE OF BIRTH:** 2-1-1879 | **9. AGE last birthday:** 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper Retired | **10b. KIND OF BUSINESS OR INDUSTRY** General Store | **11. BIRTHPLACE** (State or foreign country): Kelton, Delaware U.S.A. | **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Samuel E Hoover. | **14. MOTHER'S MAIDEN NAME:** Julia McCurdy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | **16. SOCIAL SECURITY NO.** | **17. INFORMANT & ADDRESS:** Clifford F. Hoover, Cecilton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

97 X

Immediate cause (a) DUE TO: Pistol shot Rt temple

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO:

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | **21c.** (City or town) Cecilton (County) Cecil (State) Md

21d. TIME OF INJURY (Month) 7 (Day) 16 (Year) 55 (Hour) 6.00 A.M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ | **21f. HOW DID INJURY OCCUR?** Shot self with pistol

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. L. Dodson M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 7-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 19 1955 | NAME OF CEMETERY OR CREMATORY Union Cem. | LOCATION (City, town, or county) Cecilton (State) Md.

DATE REC'D BY LOCAL REG. July 18 1955 | REGISTRAR'S SIGNATURE Geo Rudolph H. Reed | **24. FUNERAL DIRECTOR** Smith & Emerson | ADDRESS Centreville Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6570 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 2yrs.3mo.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Vol-4
STREET ADDRESS (If rural give location) 1404 E. Fairmont Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) HOWARD,
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4-2-96
9. AGE last birthday: 59 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles E. Howard
14. MOTHER'S MAIDEN NAME: Mary James
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331 X IMMEDIATE CAUSE	(A) Rupture of middle cerebral artery	25 days
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Tuberculosis pulmonary, moderately advanced, active	unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis general	unknown

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1953, to 7-17, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 11:32a M, from the causes and on the date stated above.
SIGNATURE W. Oppler ADDRESS M. D. VAH, Perry Point, Md. DATE SIGNED 7-18-55
W. OPPLER, Chief Professional Services

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7-17-55
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7-18-55
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS Havre de Grace, Md.

6571

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 06570

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit Rural. — LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Port Deposit Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) CLARENCE (Last) KELLER

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (write)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	Widowed	12-20-1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farming	Owner.	Brandtsville Pa	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry M. Keller.	Elizabeth Foot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Russell Keller Port Deposit Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio Vascular Renal disease — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 7-23-56

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26/56	Hopewell Cem	Port Deposit Cecil Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27- 56-	E M Worthington	J. E. Tyson	Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06571

6572 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1 mo. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2905 Nash Place, S.E.

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) NMI (Last) KLEIN

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 24, 1906
9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scene Selector
10B. KIND OF BUSINESS OR INDUSTRY: Motion Picture
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry Klein
14. MOTHER'S MAIDEN NAME: Anna Pinsker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 577-09-6976
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 162X

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Bronchopneumonia, unresolved	7 days
ANTECEDENT CAUSE (S) DUE TO (B)	Obstruction to right lower lobe Carcinoma, bronchogenic, with localized	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	metastasis to the pancreas, spleen, left ureter and vertebra	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1955, to 7-7, 1955, and that death occurred at 9:13a.M, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7-7-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 7-6-77
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS W.W.Chambers, 517-11th St. S.E. Wash.D.C.

06572

MARYLAND STATE DEPARTMENT OF HEALTH

6547

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Elkton Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; STREET ADDRESS (If rural, give location) 100 Elkton Blvd.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) Hughes (Last) Lewis

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1873

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Hughes

14. MOTHER'S MAIDEN NAME: Mary L. McClary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Patterson 100 Elkton Blvd. Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Renal — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 30, to 7/24 19 55, that I last saw the deceased alive on 7/24 19 55, and that death occurred at 8 p m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 7/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 27, 1955 — NAME OF CEMETERY OR CREMATORY Elkton Cemetery — LOCATION (City, town, or county) Elkton (State) Md.

DATE REC'D BY LOCAL REG. July 27 — REGISTRAR'S SIGNATURE H F Frazer

24. FUNERAL DIRECTOR: Pippin Funeral Home Elkton, Md. ADDRESS

W. A. Lusby

06573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6548

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 3 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 E Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace R-2
STREET ADDRESS (If rural give location) 351 Giles St

3. NAME OF DECEASED. (Type or Print) (First) Abram (Middle) Steele (Last) Mathews
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: Apr. 7, 1865
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife (Paper)
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. D. Mathews
14. MOTHER'S MAIDEN NAME: A. Helen Safferington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Mrs Katherine M. Hoffman Havre de Grace Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
IMMEDIATE CAUSE (A) Hyperplasia of Prostate
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH 10-20 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to 22 July 1955 that I last saw the deceased alive on 18 July, 1955, and that death occurred at 8:00 A.M., from the causes and on the date stated above.
SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial
DATE THEREOF 7-24-55
NAME OF CEMETERY OR CREMATORY Grace Cem
LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REGISTRAR July 25
REGISTRAR'S SIGNATURE J R Frazer
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6579 06574

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City | LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Philadelphia
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS 854 N Taylor St (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Alex (Middle) (Last) Mocziarniak
4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1955
5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married | 8. DATE OF BIRTH: 2-25-1922 | 9. AGE last birthday: 33 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Worker | 10b. KIND OF BUSINESS OR INDUSTRY: Building. | 11. BIRTHPLACE (State or foreign country): Poland. | 12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: John Moczerniak
14. MOTHER'S MAIDEN NAME: Anna Rubora
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 203-26-5861
17. INFORMANT & ADDRESS: Ala. Moczerniak 854 N Taylor St Philadelphia Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Drowned. — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office, mine, etc.) C & D Canal | 21c. (City or town) Chesapeake City (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 7 (Day) 17 (Year) 55 (Hour) 5:15 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Went swimming in Canal

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R. E. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 7/19/1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Philadelphia (State) Pa
DATE REC'D BY LOCAL REG. July 21-1955 | REGISTRAR'S SIGNATURE Mrs Ralph A Reed | 24. FUNERAL DIRECTOR Pappin Funeral Home ADDRESS Elkton, Md. W. B. Lively.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06575

6574

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Port Deposit
LENGTH OF STAY (in this place) MARYLAND Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS N orth Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit X
STREET ADDRESS (If rural give location) North Main St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) James (Last) Moran

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 24, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Power House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Moran

14. MOTHER'S MAIDEN NAME: Bridget Logan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert Cather, Port Deposit, M d

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardits & Failure — Interval Between Onset And Death: 2 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Tuberculosis — 1 yr

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 19 54, to 7-6, 19 55, that I last saw the deceased alive on 7-6, 19 55, and that death occurred at 7.40 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS P. O. Box 10 Port Deposit, Md. DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-9-1955

NAME OF CEMETERY OR CREMATORY Mt. Erin

LOCATION (City, town, or county) (State) Havre De Grace, Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1955

REGISTRAR'S SIGNATURE Irene C. Daugherty

24. FUNERAL DIRECTOR Lee A. Patterson & Son

ADDRESS Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06576

6575

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
MARYLAND
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1193 Fourth St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
STREET ADDRESS (If rural give location) 1193 Fourth St

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Lammey (Last) Sharkey

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write word) Widowed

8. DATE OF BIRTH: 6-21-1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Lammey

14. MOTHER'S MAIDEN NAME: Elizabeth Gouldey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: C.W. Rutter, Perry Point, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Sclerosis — Interval Between Onset And Death: 4 Months

Antecedent causes (b) DUE TO Arteriosclerosis — 15 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ..., 1953 to July 20 ..., 1955, that I last saw the deceased alive on July 20 1955., and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE C. F. Johnson (Degree or title) M.D. ADDRESS Port Deposit Md DATE SIGNED 7/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-24-1955

NAME OF CEMETERY OR CREMATORY Hopewell

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR 7-22-1955

REGISTRAR'S SIGNATURE Irma E. Daugherty

24. FUNERAL DIRECTOR ADDRESS Wm. A. Patterson & Son Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL
BUREAU V. S.

06577

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6576

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH.
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Near North East
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS North East R.D 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Near North East, Md
STREET ADDRESS (If rural give location) North East R.D. 2

3. NAME OF DECEASED: (Type or Print) (First) Minna (Middle) E (Last) Stirling

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: Wh 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed 8. DATE OF BIRTH: Dec 14 1878 9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework 10B. KIND OF BUSINESS OR INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Albrecht 14. MOTHER'S MAIDEN NAME: No Inf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mrs Walter Arrants North East RD 2 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5yrs.

ANTECEDENT CAUSE (B) DUE TO: Generalized Arteriosclerosis — 5yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to 19 July, 1955, that I last saw the deceased alive on 17 July, 1955, and that death occurred at 7 P. M, from the causes and on the date stated above.

SIGNATURE Klaus H. Hueber M. D. ADDRESS North East Md DATE SIGNED 20 July '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 22/55 NAME OF CEMETERY OR CREMATORY Elkton LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REGISTRAR July 23-1955 REGISTRAR'S SIGNATURE Sarah E. Rothermel 24. FUNERAL DIRECTOR Pepper Funeral Home ADDRESS Elkton Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06578

6577 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH.
COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
MARYLAND LENGTH OF STAY (In this place) 2mos.17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural give location) 709 Chest nut

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) H. (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 15, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reuben Smith

14. MOTHER'S MAIDEN NAME: Margaret Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 231X
(A) Rupture of Middle Cerebral Artery — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis, general — Unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 28, 1955, to July 15, 1955, ~~that I last saw the deceased on [illegible]~~, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE William M. Harris M.D. ADDRESS VAH., Perry Point, Md. DATE SIGNED 7-16-55

WM. M. HARRIS M.D. Acting Chief, Professional Services

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-16-55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Ft. Myer, Virginia.

DATE REC'D BY LOCAL REGISTRAR 7-16-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS Pearsons Funeral Home 482 Washington St., PEARSON'S FUNERAL HOME Falls Church, Va.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06579

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6549

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital, Elkton, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) RD #3 Elkton

3. NAME OF DECEASED: (Type or Print) (First) T. PAUL (Middle) (Last) SMITH. Jr.

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1955.

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar.

8. DATE OF BIRTH: 3-1-1890.

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington Del.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Smith.

14. MOTHER'S MAIDEN NAME: Annie Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. 705-07-9906

17. INFORMANT & ADDRESS: Mrs. Pauline R. Smith 76 Yale Ave. Wilmington Manor Apts. Newcastle Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

52.5X

IMMEDIATE CAUSE (A) Cor pulmonale — 9 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pulmonary fibrosis? — 2-3 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1955, to 7-7, 1955, that I last saw the deceased alive on 7-7, 1955, and that death occurred at 9:45 P M, from the causes and on the date stated above.

SIGNATURE Peter Stamatis ADDRESS M. D. Elkton Md. DATE SIGNED 7-8-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/11/1955 — NAME OF CEMETERY OR CREMATORY Elkton Catholic Cemetery — LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REGISTRAR July 9 — REGISTRAR'S SIGNATURE J R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home — ADDRESS Elkton, Md.

06580

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6578 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

■ARGIN RESERVE■ FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 2mo. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New Jersey COUNTY Gloucester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sewell 67X-3
STREET ADDRESS (If rural give location) R.D. #3

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) MARY (Last) SNYDER

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1955

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced | 8. DATE OF BIRTH: 9-21-01 | 9. AGE last birthday 53 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Overseer
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J. McCaffrey
14. MOTHER'S MAIDEN NAME: Clara S. Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 164 18 9693
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Peritonitis due to extravasated contents — INTERVAL BETWEEN ONSET AND DEATH: 7 to 10 days

ANTECEDENT CAUSE (S) DUE TO of viscera

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Appendicitis chronic recurrent with abscess — unknown
DUE TO formation and rupture of terminal ilium

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

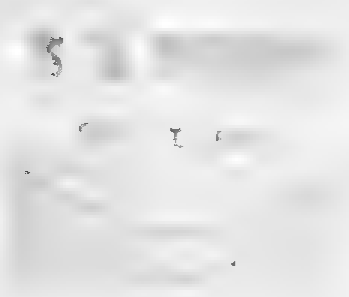
22. I hereby certify that I attended the deceased from 5-23 , 19 55 to 7-26 , 19 55 that I last saw the deceased alive on 19 and that death occurred at 4:15PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D. | ADDRESS VAH, Perry Point, Md. | DATE SIGNED 7-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 7-28-55 | NAME OF CEMETERY OR CREMATORY Friendship | LOCATION (City, town, or county) (State) Elmer, New Jersey

DATE REC'D BY LOCAL REGISTRAR 7-28-1955 | REGISTRAR'S SIGNATURE Irma E. Dempster

24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md. | ADDRESS



Swift

6550 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06581

CERTIFICATE OF DEATH

Reg. Dist. No. 92

Item 12, Film G184 8-9-55 et

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 146 W. Main St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Adelaide E. Swift

4. DATE OF DEATH: (Month) (Day) (Year) July 30 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH. 12-24-1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). At Home

10B. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Information

14. MOTHER'S MAIDEN NAME: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-01-5291

17. INFORMANT & ADDRESS: Adelaide F. McCuaig 85 Alice Court West Berry, L. I. N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH July 8, 1955

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. hbp

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8 1955, to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 5:40 P M, from the causes and on the date stated above.

SIGNATURE M. H. Donahue M. D. ADDRESS Elkton, Maryland DATE SIGNED July 30 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/2/55

NAME OF CEMETERY OR CREMATORY Immaculate Conception

LOCATION (City, town, or county) R.D. Elkton (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 1

REGISTRAR'S SIGNATURE H. Trager

24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton Md

M. A. Bailey

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06582

6551

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 ELKTON
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital, Elkton, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICKTOWN.
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) E (Last) TRETTER

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. | 8. DATE OF BIRTH: 4.24.78 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Domestic.
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Ethel Hall, Georgetown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X (A) Bronchopneumonia — 7 days.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Cardio-renal disease — 0.
DUE TO (C) Uremia — 1-2 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.1.55, 19..., to 7.6..., 1955 that I last saw the deceased alive on 7.6..., 1955 and that death occurred at 8:45 A M, from the causes and on the date stated above.
SIGNATURE Peter Chamberlain M. D. ADDRESS Elkton Md DATE SIGNED 7.6.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 8, 1955
NAME OF CEMETERY OR CREMATORY Galena Cemetery
LOCATION (City, town, or county) (State) Galena, Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR July 9
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06583

6579

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR X TOWN (If outside corporate limits, write RURAL and give nearest town) Fredricktown
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Upshur
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN French Creek 85 X - 3
STREET ADDRESS (If rural give location) √

3. NAME OF DECEASED: (Type or Print) (First) Festus (Middle) Ralph (Last) Young

4. DATE OF DEATH: (Month) 7 (Day) I4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: March 16, 1883

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard P. YOung

14. MOTHER'S MAIDEN NAME: Leannah P. Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Grace Young, French Creek W. Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerosis Cerebral vessels — 4 years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1955, to July 14, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 10 22 M, from the causes and on the date stated above.

SIGNATURE Wallace O Benshoof M.D. ADDRESS Cecilton, Md DATE SIGNED July 14 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/17/55 — NAME OF CEMETERY OR CREMATORY French Creek Cem. — LOCATION (City, town, or county) (State) French Creek W. Va.

DATE REC'D BY LOCAL REGISTRAR July 16 — REGISTRAR'S SIGNATURE A R Eagon

24. FUNERAL DIRECTOR & ADDRESS Edward Fellows Millington, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 19 1955
BUREAU Y. S.